

10/501223

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)::	No
Number of copies of CRF::	
Title::	HIV-1 VIRUS TAT-PROTEIN MUTANTS
Attorney Docket Number::	0508-1107
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CHRISTOPHE  
Middle Name::  
Family Name:: GUILLON  
Name Suffix::  
City of Residence:: BRON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 4, PAUL GAUGIN  
City of Mailing Address:: BRON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-69500

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: AURELIE  
Middle Name::  
Family Name:: CHEDAL-BORNU  
Name Suffix::  
City of Residence:: METZ-TESSY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 50, ROUTE DU VIERAN  
City of Mailing Address:: METZ-TESSY

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-74370

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BERNARD

Middle Name::

Family Name:: VERRIER

Name Suffix::

City of Residence:: MORNANT

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing CHEMIN DU GRANIT

Address:: LA PAVIERE

City of Mailing Address:: MORNANT

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-69440

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BERNARD

Middle Name::

Family Name:: MANDRAND

Name Suffix::

City of Residence:: VILLEURBANNE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 21, RUE DE LA DOUA

Address::

City of Mailing Address:: VILLEURBANNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-69100

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/00051	1/9/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/00319	1/11/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::